
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

Chairman
Dr Andy Sapsford
Rectory Meadow Surgery
School Lane
Amersham
Bucks
HP7 0HG

Tel: 01494 727711
Fax: 01494 431790
andrew.sapsford@nhs.net

Treasurer
Dr Graham Jackson
Whitehill Surgery
Oxford Road
Aylesbury
Bucks
HP19 8EN

Tel: 01296 432742
Fax: 01296 398774
graham.jackson@nhs.net

Secretary
Dr Paul Roblin
Secretariat of Berks, Bucks & Oxon LMCs
Mere House
Dedmere Road
Marlow
Bucks SL7 1PB

Tel: 01628 475727
Fax: 01628 481173 or 01628 474731
paul.roblin@bblmc.co.uk

Minutes of Milton Keynes LRC PCT Liaison Meeting

Friday 4th February 2005

At The Post Grad Centre Milton Keynes Hospital

2pm

CONTENTS

CTRL and Click to hyperlink

Minutes Of the Previous Meeting	1
Next Year's Enhanced Services	2
PCT Administered Funds	2
Practice Based Commissioning	2
Choose & Book	2
MMR LES	2
Tenders for Greenfields Sites	2
PCT/PMS & Payment of Levies.....	2
CRB Returns.....	3
ES Compliance with Floor Guidance	3
Note Summarisation Scheme	4
End of Year	4
Referral Management Centre	4
Nursing Services.....	4
Date of Next Meeting	4

Minutes Of the Previous Meeting

Agreed as a correct record of the meeting

Next Year's Enhanced Services

Are plans being developed?

They will be increased by inflation. No more money going into them

New plans are going to PEC on 2/3/05 and the PCCG at February/March Meetings

PCT Administered Funds

Is the Berks policy being adopted? Yes

Has been circulated to practices but will be re-circulated

Practice Based Commissioning

Meeting to be held 9th February 2005 at NHS Direct.

Have historic based activity from last year.

Follow-ups will probably be looked into for PBC.

Have ideas and suggestions to put forward at the meeting.

Savings will be discussed at the meeting. Negotiations need to take place.

Choose & Book

The difference between Choice and Choose and Book is that Choice is the entire programme and choose and book is a specific booking system for elective work.

There are 5 options offered to patients.

In a month less than 20 patients have chosen to go elsewhere.

Happening at hub level and GPs are not aware of where the patient has ended up.

Cataracts come from the optometrist so they do not need to go the Hospital for assessment.

MMR LES

This is happening

Tenders for Greenfields Sites

This is now 2-tiered and has been accepted by the PEC and Board.

PCT/PMS & Payment of Levies

Will be paying this

LMC levies comes from practice. How do the workforce get representation from the LMC?

All need LMC support.
The LMC represents everyone who pays.

CRB Returns

Only 2 non-principals from Surrey have yet to reply and they have been sent letters by recorded delivery, putting them on 28 days notice.

ES Compliance with Floor Guidance

Reply received from MJ and RG.

Document tabled on what should/should not be in the floor.

Difficulty with the Locally Enhanced Services, there is not enough detail.

Local Development Schemes – happy with this

GpwSI are in Guidance, £312K per annum, is this spent on this? There is projected shortfall in this.

This is spent, one £6,000 is being moved out as it is debatable.

Large service structure around individual clinics, nursing times and on-costs are included in the figures.

GPs need to be able to compete for these services.

It is anticipated that the PCT will spend £5,000 above the floor so no money will be lost.

The PCT will provide a list of expenditure, however they will not list individual GP salaries, they will be lumped together.

There are 10 GpwSI in Milton Keynes

They cover ENT, Eyes, Cardiology, Diabetes, Neurology etc so there is a lot of equipment.

One session costs £7,766 this year. There are 42 clinic sessions a year.

Specialist Clinics are in PMS+ (this will be checked by RG). It is not something that is contestable by GPs.

Physio, £312K this is a roll over contract and they are only allowed if they are contestable.

Paragraph 2.78 applies to the contestability of this since 1st April 2004.

May come within PBC

The LMC feel that there is a dispute on this item and it must be drawn to the SHA's attention.

If this comes out of the floor there is no reserve, and will be an unexpected pressure. The PCT does not want to lose any money from the floor.

It was agreed that PR would take advice from the GPC on this item.

There must be a commitment, as part of the review, GPs are part of any service re-provision for physio. The PCT agreed to this. We must ensure that the principle is underpinned.

Counselling, Psychotherapy and Psychology. The same argument applies to this. This went out to tender. There are a number of providers working across a number of practice.

Counselling is provided by a GP with a special interest.

Practice based counseling is called Psychotherapy on the budget

A review of counseling is underway and will go to the PEC in March.

This is a good way to avoid disputes.

If this goes to tender the service will be for 3 years.

Dietetic Service is PMS+

Note Summarisation Scheme

RG said that this LES had been considered when there was a prospect of an underspend but it hoped to still offer it to practices.

It will be directed to practices who have a high number of new patients. Part of the QOF visit feedback. It will be for about £50,000.

Will be going for approval on Wednesday.

There is planned £6m deficit for this year.

Practices who have summarized but lost the data due to computer changes would probably appreciate some of this. It had been agreed to only offer this to the new patient notes. All practices have to summarise new patients, not all have changed their computers.

Should practices be running a minor injuries service?

A LES has been issued to every practice and some have signed up to it.

The walk-in center will be available soon and the LES is in place until this comes on board and it will then be an NES.

End of Year

You can code retrospectively from 14th February 2005 after national prevalence day. The data will be extracted on 14th March.

Referral Management Centre

This surrounds referrals to the GUM Clinic and delays.

There have only been 6 referrals through the center since 25/10/04

The issue was perceived as a hold up at the RSC. This is not the case.

Two referrals were written on 14/01/05, received by the RSC on 18/01/05 and sent out on 19/01/05 by courier.

Now agreed that referrals can go direct to the GUM clinic, bypassing the RSC.

Can the RSC influence the way replies are addressed? The hospital are sending back letters to non-referring doctors.

Nursing Services

The PCT agreed to forward copies of the Practice and District Nursing Strategy by Sue McCreedy to PR.

Date of Next Meeting

Friday 22nd April 2005

Present	Name	Organisation
	Alifoe Hopeson	Member
*	Carter Ron	Chair
*	Kenny Tina	Member
	Labrum Tony	Member (Co-opted)
*	Rao Lakshann	Member
	Rose Eric	Member
*	Suleman Abdulrahim	Member
	Whyte Sian	Member
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Ablett Jeanie	MK PCT
*	Green Rebecca	MK PCT
*	Jacklin Mary	MK PCT
	Kennedy Barbara	MK PCT Chief Executive
	Murthy Satya	MK PCT PEC Chair